SECONDHAND JEWELRY PERMIT APPLICATION

FEE: \$25.00

.00 LMC Chapter 5.42

LICENSE YEAR: JUNE 1 THRU MAY 31

RETURN TO:

City Clerk's Office, 555 S. 10th St., Lincoln NE 68508

Required \$5,000 Surety Bond

Please PRINT using blue or black ink.

| TYPE OF PERMIT, PLEASE CHECK ONE: | | | Established Dealer _ | | | It | Itinerant Dealer | |
|-----------------------------------|---------------|-------------------------------------|----------------------|--|--------|------|---------------------|--|
| | APPLICAN | NT'S NAME | & HOM | E ADD | RESS | | | |
| NAME: | | | | | | | | |
| STREET ADDRESS: | | | | | | | | |
| CITY: | | : | STATE: | | | ZIP | : | |
| ZIP: | | HOME PH | HONE#: | | | FAX# | : | |
| | | | | | | | | |
| | В | USINESS II | NFORMA [*] | TION | | | | |
| BUSINESS NAME: | | | | | | | | |
| STREET ADDRESS: | | | | | | | | |
| ZIP: | F | PHONE#: | | | FAX#: | | | |
| TYPE OF BUSINESS: _ | | | | | | | | |
| | LOCATION WH | ERE BUSIN | ESS WIL | L BE CC | NDUCTE |) | | |
| BUSINESS NAME: | | | | | | | | |
| STREET ADDRESS: | | | | | | | | |
| ZIP: | В | USINESS PHONE#: | | | FAX#: | | | |
| BUSINESS HOURS: | | | | | | | | |
| OW LONG WILL BUSIN | IESS BE CONDU | CTED IN L | INCOLN: | : | | | | |
| | LIST PRIN | CIPALS, A | GENTS & | EMPLO | YEES | | | |
| NAME | | LOCAL ADDRESS (Include Zip Code) | | PERMANENT ADDRESS (Include City, State & Zip) | | | CAPACITY W/BUSINESS | |
| | | | | | | | | |
| | | | | | | | | |

HAVE FINGERPRINTS OF EACH PRINCIPAL, AGENT & EMPLOYEE BEEN ATTACHED:

| | Yes | No | If No, explain: | | |
|--------|-------------------------------|------------------------------|---|---|-------|
| WITHII | | | OF THIS APPLICAT | TION, HAVE YOU CONDUCTED AN NO | |
| LIST T | OFFICE, STREE | ET ADDRES | | ING THE NATURE THEREOF, POST ILDING OR OFFICES WHERE BUSINESS | HAS |
| STATE | | _ | | ONE OR PROPOSED TO BE DONE IN ORI | _ |
| HAVE | ANY CRIME IN NAME(S) OF PE | /OLVING M (ERSONS, NA | <mark>ORAL TURPITUDE</mark> : ATURE OF OFFENSE | DYEES OF THE BUSINESS BEEN CONVIC YES NO IF YES, LIST E, WHERE IT OCCURRED & PUNISHMENT | T THE |
| | YES REPRESENTAT OU REQUESTIN | NO IVE MUST E | IF YES, CREDENTI BE ATTACHED. | M OR CORPORATION: ALS AUTHORIZING YOU TO ACT AS SUC | Н |
| | BOND | & FEE REC | QUIREMENTS MUST | BE ATTACHED TO APPLICATION! | |
| | | F | Please sign in front o | of a Notary Public. | |
| | DATE | O THIS | DAY OF | , | |
| PRINC | IPAL | | | CAPACITY | |
| SUBSO | CRIBED & SWOF | RN TO BEFO | ORE ME THIS | DAY OF | |
| | | | | NOTARY PUBLIC | |
| | Ap | plications are | e available on the City's | s web site at "www.lincoln.ne.gov". | |

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REFERRALS

| APPROVED: DENIED: RECOMMENDATIONS OR COMMENTS: | DATE: |
|--|-------|
| POLICE DEPARTMENT - LeAnn Hamner: APPROVED: DENIED: RECOMMENDATIONS OR COMMENTS: | DATE: |
| POLICE DEPARTMENT - Sgt. Richard Kohles: APPROVED: DENIED: RECOMMENDATIONS OR COMMENTS: | DATE: |
| CODES ADMINISTRATION: APPROVED: DENIED: RECOMMENDATIONS OR COMMENTS: | DATE: |
| | |